		the state of the s
ife with each local Registrar within 5 days after birth.	County of Sla BUREAU OF	NA STATE BOARD OF HEALTH F VITAL STATISTICS State Index No. 1 CO. Registrar's No. 1 CO.
	Town of Mescus (No.	Local Registrar's No
	FULL NAME OF CHILD If child is not named, make supplemental Report on blank Sex of Twin, Number	k obtainable from local registrar. Born YES NO
	Child I or other and in order of birth Full FATHER	Full MOTHER
	Residence Measure Server	Maiden Name Joseffia Roscou Residence Miraini
	Color or Race Of the Birthday 3 Years Birthplace	Colur or Race) Birthday Birthplace Colur Birthday Years
	Occupation Mines	Occupation House wig
	Number of child of this Mother. Number of Children, of this mother, now livin	Were precantions taken against Ophthalmia neonatorum?
		ng Physician OR Midwife. d: and that it occurred on fell S. 1912, at 1 4.M.
	Thereby certify that I attended the birth of the above child *When there is no attending physician or midwife, then the householder should make this return.	Signature Signature Development Attending physician, midwife, householder.*
	Given or Christian name added from a supplemental report	Address Meacy Wer
or midwife	179-2/8-194 COUNTY REGISTRAR. Filed A M.	A True Copy (3 0) LOCAL REGISTRAR.